

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:  
My residence, post office address and citizenship are as stated below next to my name; that  
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint  
inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the  
invention entitled:

**THICK INTERMEDIATE AND UNDERCOATING LAYERS FOR ELECTROPHOTOGRAPHIC IMAGING MEMBERS, AND  
METHOD FOR MAKING THE SAME**

described and claimed in the specification:

Check one

\*a. ☒ attached hereto.

b. ☐ filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims,  
as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in  
Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign  
application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year  
prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the  
United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named  
foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this  
application and to transact all business in the Patent Office:

Mark Costello	Reg. No. 31,342;	Elizabeth F. Harasek	Reg. No. 28,850;
Ronald F. Chapuran	Reg. No. 26,402;	Eugene O. Palazzo	Reg. No. 20,881;
Kevin R. Kepner	Reg. No. 32,145;	Mario A. Costantino	Reg. No. 33,565;
Nola Mae McBain	Reg. No. 35,782;	Stephen J. Roe	Reg. No. 34,463;
James A. Oliff	Reg. No. 27,075;	Joel S. Armstrong	Reg. No. 36,430;
William P. Berridge	Reg. No. 30,024;	Christopher W. Brown	Reg. No. 38,025;
Kirk M. Hudson	Reg. No. 27,562;	Richard E. Rice	Reg. No. 31,560;
Thomas J. Pardini	Reg. No. 30,411;	Paul Tsou	Reg. No. 37,956; and
Edward P. Walker	Reg. No. 31,450;	Eric D. Morehouse	Reg. No. 38,565.
Robert A. Miller	Reg. No. 32,771;		

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &  
BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein  
of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these  
statements were made with the knowledge that willful false statements and the like so made are punishable by fine or  
imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may  
jeopardize the validity of the application or any patent issued thereon.

1. **Typewritten Full Name  
of First or Sole Inventor**

John S. Chambers  
Given Name Middle Initial Family Name

2. **\*\*INVENTOR'S SIGNATURE:**

*John S. Chambers*

3. **\*\*DATE OF SIGNATURE:**

Jan 7, 2004  
Month Day Year

Residence: Rochester City New York State or Province USA Country

Citizenship: USA

Post Office Address:

(Insert complete  
mailing address,  
including country)

31 Nicholson Street

Rochester, New York 14620

\*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.  
\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

BEST AVAILABLE COPY

Page 2 OF U.S.A. DECLARATION FORM  
(Discard this page in a sole inventor application)

BEST AVAILABLE COPY

1 *Typewritten Full Name*  
*of Second Joint Inventor (if any)* Liang-Bih Lin  
Given Name Middle Initial Family Name

2 **\*\*INVENTOR'S SIGNATURE:** [Signature]

3 **\*\*DATE OF SIGNATURE:** Jan 07 2004  
Month Day Year

Residence: Webster New York USA  
City State or Province Country

Citizenship: Taiwan

Post Office Address:  
(Insert complete  
mailing address,  
including country)  
654 Nero's Run  
Webster, New York 14580

1 *Typewritten Full Name*  
*of Third Joint Inventor (if any)* Jin Wu  
Given Name Middle Initial Family Name

2 **\*\*INVENTOR'S SIGNATURE:** [Signature]

3 **\*\*DATE OF SIGNATURE:** 1 8 04  
Month Day Year

Residence: Webster New York USA  
City State or Province Country

Citizenship: Peoples Republic of China

Post Office Address:  
(Insert complete  
mailing address,  
including country)  
115-19 Deerpark Lane  
Webster, New York 14580

1 *Typewritten Full Name*  
*of Fourth Joint Inventor (if any)* Jennifer Y. Hwang  
Given Name Middle Initial Family Name

2 **\*\*INVENTOR'S SIGNATURE:** Jennifer Y. Hwang

3 **\*\*DATE OF SIGNATURE:** Jan 7 2004  
Month Day Year

Residence: Penfield New York USA  
City State or Province Country

Citizenship: USA

Post Office Address:  
(Insert complete  
mailing address,  
including country)  
11 Valley Green Circle  
Penfield, New York 14526

1 *Typewritten Full Name*  
*of Fifth Joint Inventor (if any)* Linda L. Ferrarese  
Given Name Middle Initial Family Name

2 **\*\*INVENTOR'S SIGNATURE:** [Signature]

3 **\*\*DATE OF SIGNATURE:** 1 7 04  
Month Day Year

Residence: Rochester New York USA  
City State or Province Country

Citizenship: USA

Post Office Address:  
(Insert complete  
mailing address,  
including country)  
182 Luddington Lane  
Rochester New York 14612

**\*\*Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.  
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the  
specification (including claims) of the application to which it pertains.

1 *Typewritten Full Name*  
of Sixth Joint Inventor (if any)

Francisco López  
Given Name Middle Initial Family Name

2 \*\*INVENTOR'S SIGNATURE:

3 \*\*DATE OF SIGNATURE:

Jan 7 2004  
Month Day Year

Residence: Rochester New York USA  
City State or Province Country

Citizenship: Dominican Republic  
Post Office Address:  
(Insert complete mailing address, including country)  
1106 Rousseau Drive  
Webster, New York 14580

1 *Typewritten Full Name*  
of Seventh Joint Inventor (if any)

Given Name Middle Initial Family Name

2 \*\*INVENTOR'S SIGNATURE:

3 \*\*DATE OF SIGNATURE:

Month Day Year

Residence: City State or Province Country

Citizenship: Post Office Address:  
(Insert complete mailing address, including country)

1 *Typewritten Full Name*  
of Eighth Joint Inventor (if any)

Given Name Middle Initial Family Name

2 \*\*INVENTOR'S SIGNATURE:

3 \*\*DATE OF SIGNATURE:

Month Day Year

Residence: City State or Province Country

Citizenship: Post Office Address:  
(Insert complete mailing address, including country)

1 *Typewritten Full Name*  
of Ninth Joint Inventor (if any)

Given Name Middle Initial Family Name

2 \*\*INVENTOR'S SIGNATURE:

3 \*\*DATE OF SIGNATURE:

Month Day Year

Residence: City State or Province Country

Citizenship: Post Office Address:  
(Insert complete mailing address, including country)

\*\*Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.  
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.